



Fee: _____ Fee Code: _____

FOOD ESTABLISHMENT PERMIT APPLICATION

Chelan-Douglas Health District 200 Valley Mall Parkway, East Wenatchee, WA 98802 509-886-6450

Food Establishment Name: _____
Street Address: _____
Day phone: _____ city
Mailing Address: _____
city/state/zip

Type of Owner: ☐ Individual ☐ Partnership ☐ Corporation ☐ Association
☐ Other legal entity. If "Other", please describe: _____

Owner or officer's name: _____ Title: _____
Mailing Address: _____ city/state/zip
Telephone: _____
Resident Agent's name: _____ Title: _____
Mailing Address: _____ city/state/zip
Telephone: _____

Name of person in charge: _____ Title: _____
Mailing Address: _____ city/state/zip
Telephone: _____
Immediate Supervisor: _____ Title: _____
Mailing Address: _____ city/state/zip
Telephone: _____

Applicant's Name: _____
Mailing address: _____ city/state/zip
Date of birth: _____
Telephone: _____

Circle the months or partial months you provide or prepare food:

Jan. Feb. Mar. Apr. May Jun. Jul. Aug. Sep. Oct. Nov. Dec.

Circle the days of the week you provide or prepare food:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What time do you open each day? M_____ TU_____ W_____ TH_____ F_____ SA_____ SU_____

What time do you close each day? M_____ TU_____ W_____ TH_____ F_____ SA_____ SU_____

(Seasonal operations that operate on an irregular schedule must provide this office with a schedule prior to opening for the season. The permit will be sent to you once the schedule is received and approved by this office.)

Is this food establishment a smoke free establishment? ☐ Yes ☐ No

For new owners of existing, permitted Food Establishments:

Previous Food Establishment Name: _____

Will the menu & facilities be the same as the previous operation at this location? ☐ Yes ☐ No

If yes, and if no mobile unit is involved, there is no fee. Sign here _____

If no, or if a mobile unit is involved, please ask for and submit a Plan & Menu Review Checklist.

Attachments required for a change in ownership:

- 1. Written agreements.** Provide written agreements with businesses providing you with restrooms, dishwashing and food preparation facilities, and/or back-up refrigeration if any of these are not available in the establishment. Agreements must state the days of the week and hours of the day the employees will have access to these facilities. If seating is provided for customers, the written agreements must state the days of the week and hours of the day the restrooms will be available to both employees and customers.
- 2. Caterer owner change:** Complete Sections I (Agency Approvals), VIII (Labeling) and IX (Transport) of the Plan and Menu Review for New or Remodeled Food Service Establishments. This form is available at 200 Valley Mall Parkway, East Wenatchee.

In accordance with the provisions of all applicable health ordinances, rules and regulations, I hereby apply for a permit to operate a food service establishment. I attest that the information given in this application is accurate. I agree to allow the Chelan-Douglas Health District access to the establishment as specified under §8-402.11 and to the records specified under §§3-203.12 and 5-205.13 and Subparagraph 8-201.14(D)(6). I understand:

- 1. Permits expire September 30th of each year. The applicant is responsible for completion of the permit renewal and notifying the Chelan-Douglas Health District of all changes in the food service establishment mailing address, billing address, and/or phone number.*
- 2. Reinspection fees will be charged when additional inspections are made following unsatisfactory routine inspections, or if follow-up inspections are needed to confirm correction of high risk items.*
- 3. My food service must meet the requirements of the Chelan-Douglas Sanitary Code and WAC 246-215 - Rules and Regulations of the State Board of Health for Food Service. (Copies are available on request, or at www.doh.wa.gov/ehp/sf/Pubs/FoodRule/food-rule-working-doc.pdf).*
- 4. Permits are valid only for the **Plan and Menu Review document approved** _____. Permits are valid for the designated owner and establishment street address. Permits are not transferable.*
- 5. The health officer may require a food service establishment owner to limit or modify food preparation/service and may delete some menu items when the available facilities are inadequate.*

Printed name of person signing

Title

Signature of applicant

Date

Mail or bring the completed application and payment to:

**Chelan-Douglas Health District
Environmental Health Division
200 Valley Mall Parkway
East Wenatchee, WA 98802**

For further information call: 509-886-6450.

DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY.

☐ Approved

☐ Not Approved.

Signature, Chelan-Douglas Health District

Date